

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/10/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>P</i>	<i>JC906</i>	<i>10-18-00</i>
RESPONSE FORMALITY REVIEW			<i>11/08/00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓		
2	0		
3	0		
4	✓		
5	✓		
6	0		
7	0		
8	0		
9	0		
10	0		
11	✓		
12	✓		
13	0		
14	✓		
15	0		
16	0		
17	✓		
18	✓		
19	0		
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21	0		
22	✓		
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25	✓		
26	✓		
27	0		
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30	0		
31	✓		
32	✓		
33	0		
34	0		
35	0		
36	0		
37	0		
38	✓		
39	✓		
40	0		
41	✓		
42	0		
43	0		
44	✓		
45	✓		
46	0		
47	0		
48	0		
49	0		
50	0		

Claim	Final	Original	Date
51	✓		
52	✓		
53	0		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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